

12/14/00
10:00
12/20/00
10:00
12/15/00
C.O. anytime
of earlier

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514708

A 512694-I

ISSUE DATE 12/13/2000

APPROVAL DATE 12/20/00

INDEXED

RPS #331458

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER

ADDRESS 3 North Main Street, Mt Airy, MD 21771 PHONE 800-682-6726

SUBDIVISION Brantwood 2/1 LOT NUMBER 9 ADDRESS 11437 Butterfruit Way

PROPERTY OWNER NV Homes PROPERTY OWNER'S ADDRESS 2200 Defense Hwy, Ste 301

SEPTIC TANK CAPACITY 1250 GALLONS Crofton, MD 21114

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4 ** TOP SEAMED SEPTIC TANK REQUIRED **

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin trenches 25 feet off the front lot line and 115 feet off the right lot line as seen when facing the lot from Butterfruit Way. Run trenches on contour toward the right lot line.

PLANS APPROVED Amy Mc Millen OK SRU DATE 9/1/00
10/4/00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

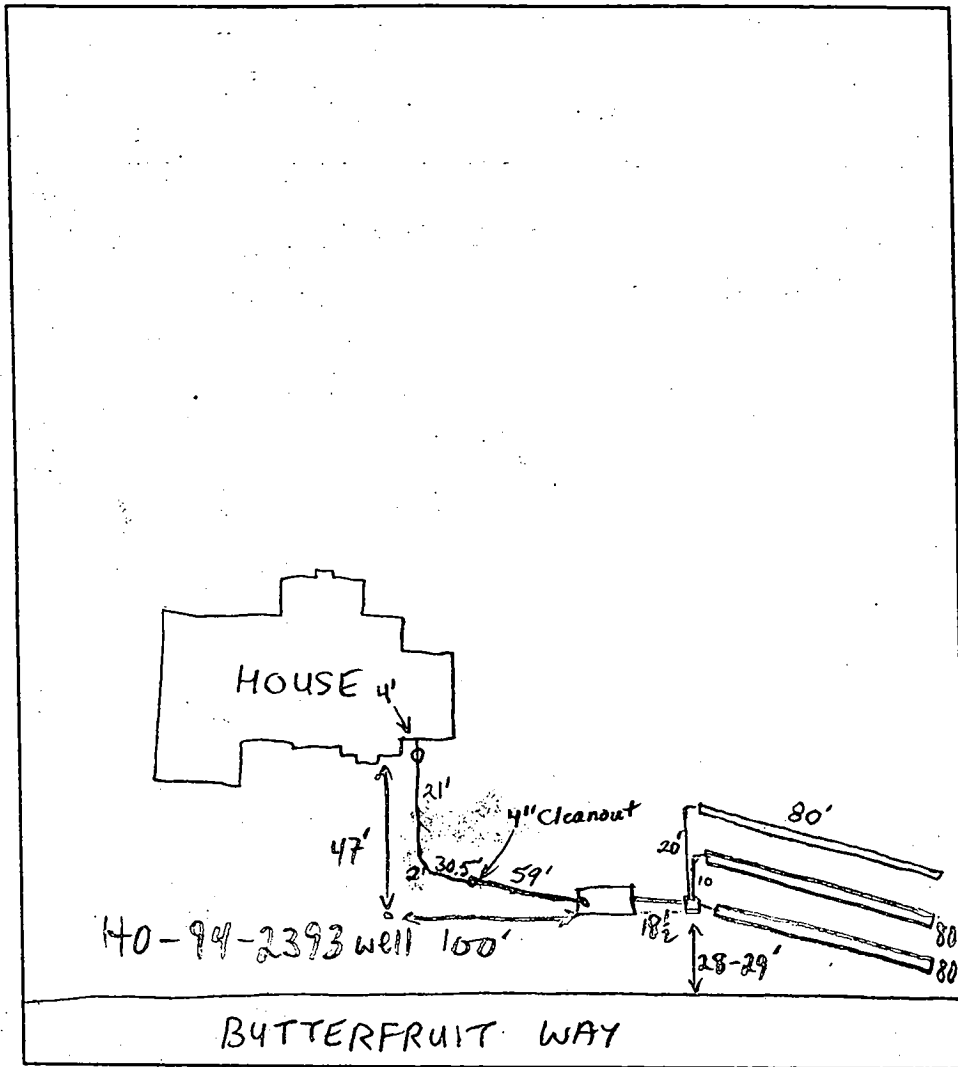
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

514708B

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 2-3
 TRENCH BOTTOM DEPTH 4-5
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 240'
 ABSORBENT AREA 720 sq. ft
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX Yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT ✓

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA
 MANHOLE RISER NA
 ALARM NA
 PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: 12/14/00 - OK TO INSTALL 3-80' TRENCHES ON CONTOUR, BECAUSE OF CONTOUR ISSUES TRENCHES MAY BE 5' DEEP IN SOME SPOTS AND WONT EXTEND TO END OF SDA AREA, KEEP TRENCH CLOSEST TO ROAD 10' FROM FULL EMBANKMENT, KEEP TRENCHES 7' ETC. THIS INSPECTION COMMENTS: LAYOUT SEEMS TO BE THE BEST LAYOUT POSSIBLE GIVEN CONTOUR. (SRK)

12/15/00 TRENCHES INSTALLED PER ABOVE INSTRUCTIONS, OK TO COVER TANK & 2 TRENCHES (MR) 12/20/00 Everything satisfactory. O.K. to cover. (BB)

12/15/00 WPI: 2-PC CAP, TAG CONDUIT, LINE DEPTH OK, CASING @ GRADE (MR)

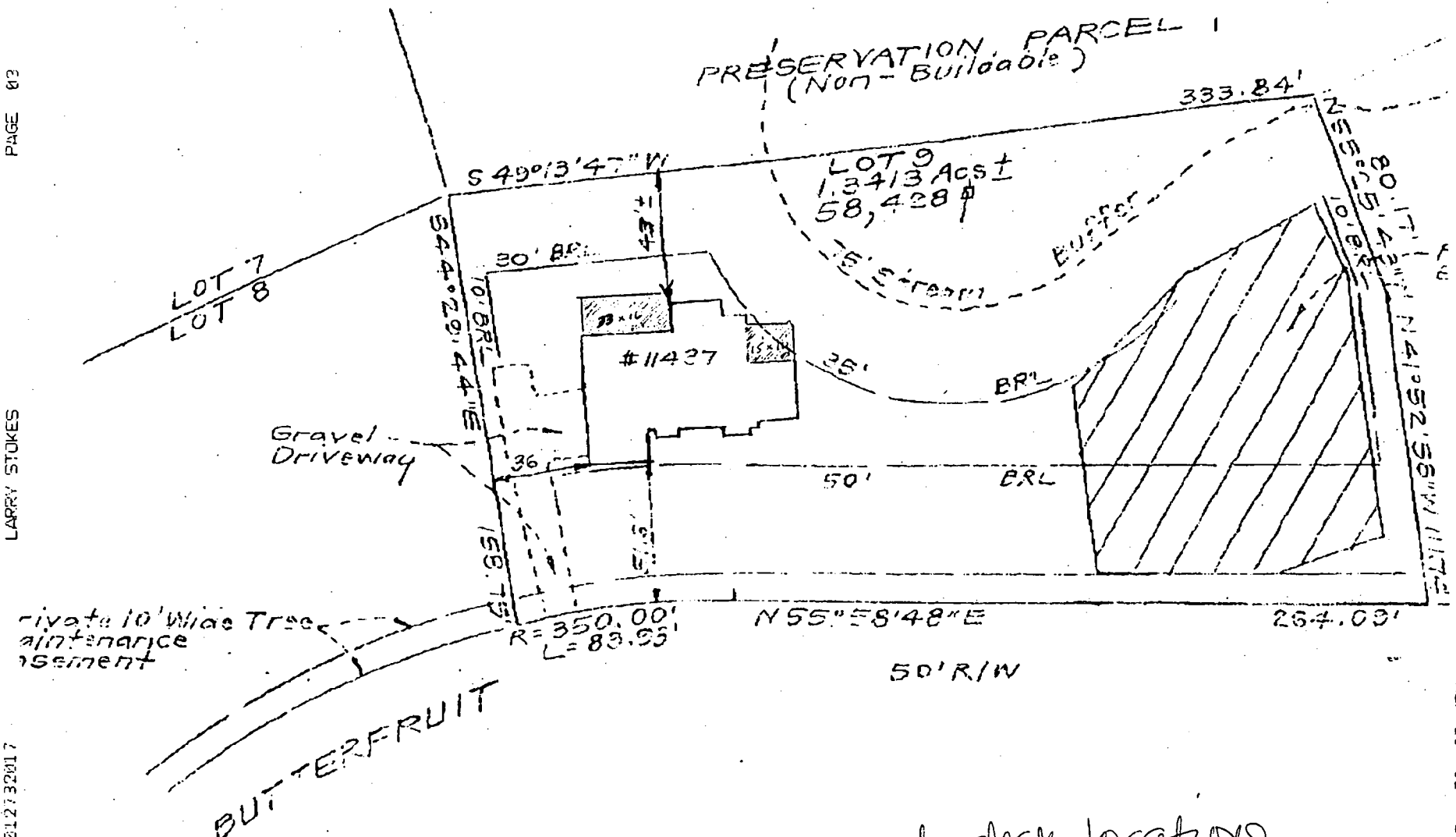
INSPECTOR B. Baker

DATE SYSTEM APPROVED 12/20/00

INFORMATION:

consumer only insafe as
a life insurance company
with contemplated transfer.
poses.

upon for the establishment



stop! Proposed deck locations
as shown (X) (O)

Building Address 11437 Butterfield Way
E.C. 21042

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6030 Subdivision Brentwood

Section 2 Area _____ Lot 9

Tax Map 16 Parcel 54 Grid 54

Zoning RL-10 Map Coordinates 11A6 Lot size _____

Property Owner's Name LARRY STURGES

Address (Same)

City _____ State _____ Zip Code _____

Home Phone 707-5954 Work Phone (301) 273-2016

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD w/ deck

Estimated Construction Cost \$ 10,000

Description of Work Construct 15' x 10' deck on rear of SFD w/ steps to grade

Contractor Company Docketed Out

Contact Person Cary Lyon

Address 13726 Princess Anne Way

City Phoenix State Ariz Zip Code 21131

License No. 47520

Phone 602-667-4700 Fax 602-667-9333

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Basement: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Cary Lyon
 Title/Company: Superintendent, Docketed Out

Print Name: Cary H Lyon
 Date: 3/2/01

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID# <u>47747</u>
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ _____
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ <u>75.00</u>
<input type="checkbox"/> Building Official	<u>3/2/01</u>	<u>[Signature]</u>	Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Snb-total road \$ _____
<input checked="" type="checkbox"/> Health	<u>3/2/01</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>75.00</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>1474</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>47254</u>
			Accepted by <u>[Signature]</u>	

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Van Sant Plumbing Telephone #: 301-829-0444
Address: 3 N Mevin Rd
MT Airy, MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Hanford Vansant License# 1467

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: 10V Homes Telephone #: 301-858-0522

Subdivision: Oranwood Lot #: 1009 Well Tag #: HO-94-2393

Site Address: 11437 Butterfruit Way
Ellicott City, MD 21042

Submersible Pump Data

Make: Goulds
Model #: TGS07422
Pump Capacity _____ GPM
Well Yield: 10 - GPM

Pitless Adapter

Make: Campbell
Model #: B10X
Depth: 42 (36" min)
NSF approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: _____ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house

Type: 200 PSI
PSI: _____ (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 15 ft
Approximate length of sleeve: 15 ft
Sleeve caulked and sealed properly: Yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

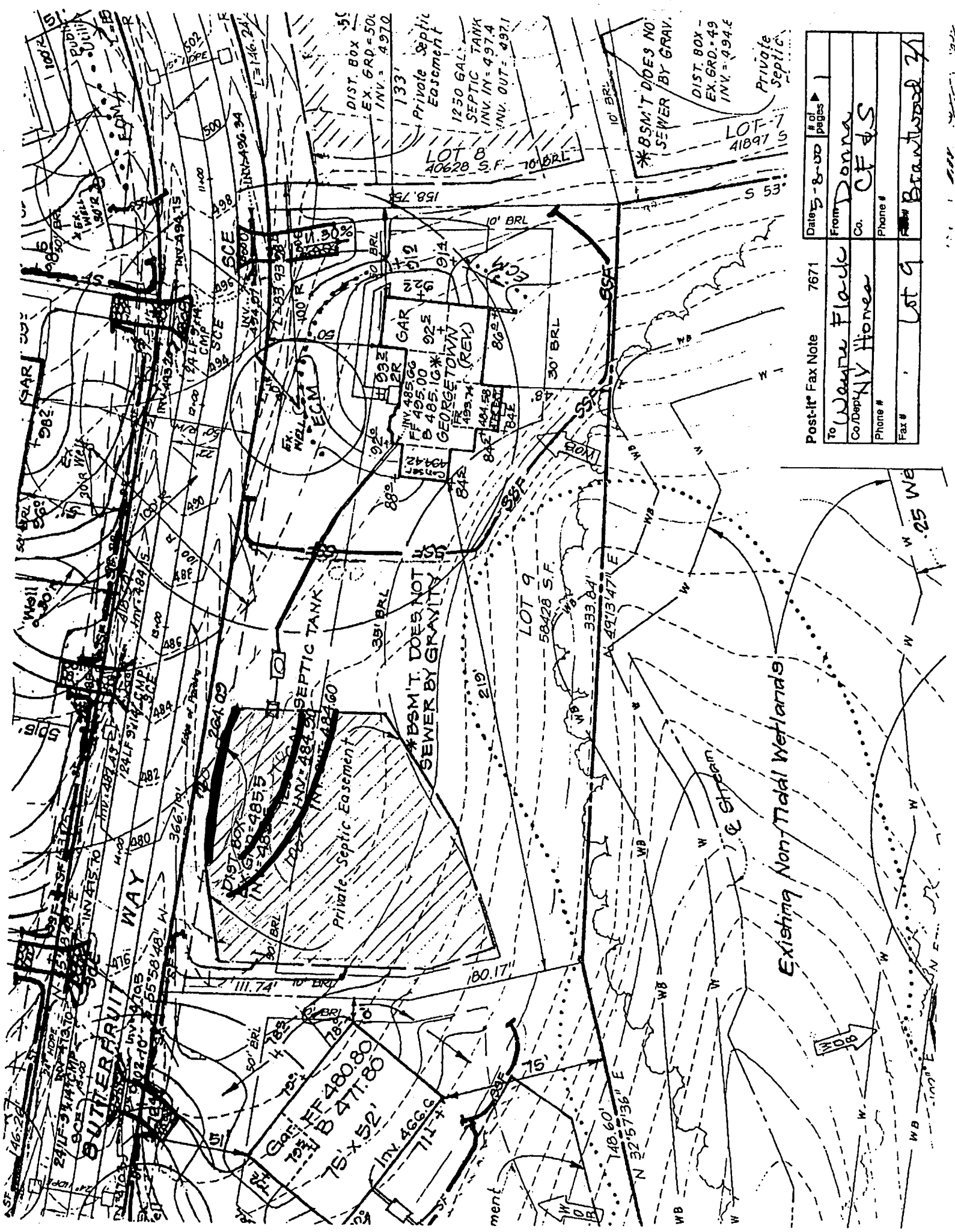
Hanford Vansant
Signature of company representative responsible for installation

2.19.01
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 12/15/00 Date Insp. Approved: 12/15/00
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade No
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

MR
BB



Post-It Fax Note	7671	Date	5-8-00	# of pages	1
To	Wayne Flack	From	Donna		
Co.	NY Homes	Co.	CF&S		
Phone #		Phone #			
Fax #	Lot 9	Fax #	Brantwood 31		

Total linear feet of trench required 240 feet
 Width of trench(es) 3.0 feet
 Depth of trench(es) 4.0 feet
 Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
 Howard County Health Department

Ann McMeel 9/1/00
 Signature Date

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300126146

Building Address 1135 Sycamore Fruit Way
Ellicott City, MD 21042

Suite/Apt. # N/A SDP/WP/Petition # _____
 Census Tract 8030 Subdivision Brentwood

Section 21 Area N/A Lot 9

Tax Map 16 Parcel 54 Grid 28
NCDEO 11A6

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name NV Homes
 Address 2200 Defense Hwy. Ste. 301
Ellicott City, MD 21042

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone 410-721-9700

Applicant's Name & Mailing Address, (if other than stated hereon)
Building Permit Services, Inc.
2602 Parallel Path
Arlington, MD 21009

Phone 410-515-1717 Fax 410-515-8219

Existing Use Vacant Lot
 Proposed Use SFD

Estimated Construction Cost \$ 100,000.00
Conservatory w/ Georgetown w/

Description of Work Conservatory
8 Stv. Full Bmnt. 11H, 3FD, 1HB, FP, Garage.
(4BR) F.L.L. w/ Bath

Contractor Company Owner
Pat Orla Agent

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: <u>16 x 8</u>	
Footings: <u>45' x 60' x 10'</u>	
Roof: <u>Asph/Flt</u>	
State Certified Modular _____	
Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREOF; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature
 Permit Services, Inc.

Frank or Patricia A. Orla
 Print Name
08-25-00
 Date

Title/Company _____ Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	<u>47747</u>
<input checked="" type="checkbox"/> State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>25.00</u>
<input checked="" type="checkbox"/> Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ <u>938.00</u>
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>9/1/00</u>	<u>[Signature]</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ <u>586.00</u>
<input checked="" type="checkbox"/> Health			Lot Coverage for New Town Zone _____	Sub-total paid \$ <u>6307.00</u>
<input checked="" type="checkbox"/> Fire Protection			SDP/Red-line approval date _____	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by <u>[Signature]</u>	TOTAL FEES \$ <u>6441.00</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ <u>140.00</u>
ONE STOP SHOP <input type="checkbox"/>				Check # <u>659490</u>
				Validation # <u>35187</u>

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 8/15/95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Fenger Family

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Marketing, Inc. C/O Tim Fenger

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808
21042

PROPERTY LOCATION:

SUBDIVISION Fenger Property LOT NO. 5659 602

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd

TAX MAP 16+23 PARCEL # 34+63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Mark A. Reil
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE
1169

0' orange tan SiClm
3' brown red SiSalm 1090 Saprolite frags
6' white decayed quartzite w/ black and orange mottles

1170

3' lgt yellow tan SiClm
dark orange brn Salm

7' dark brown w/ black mottles water cut 10'

1171

2' dark red SaClm
dark red SiSalm micaceous few large rocks multicolor

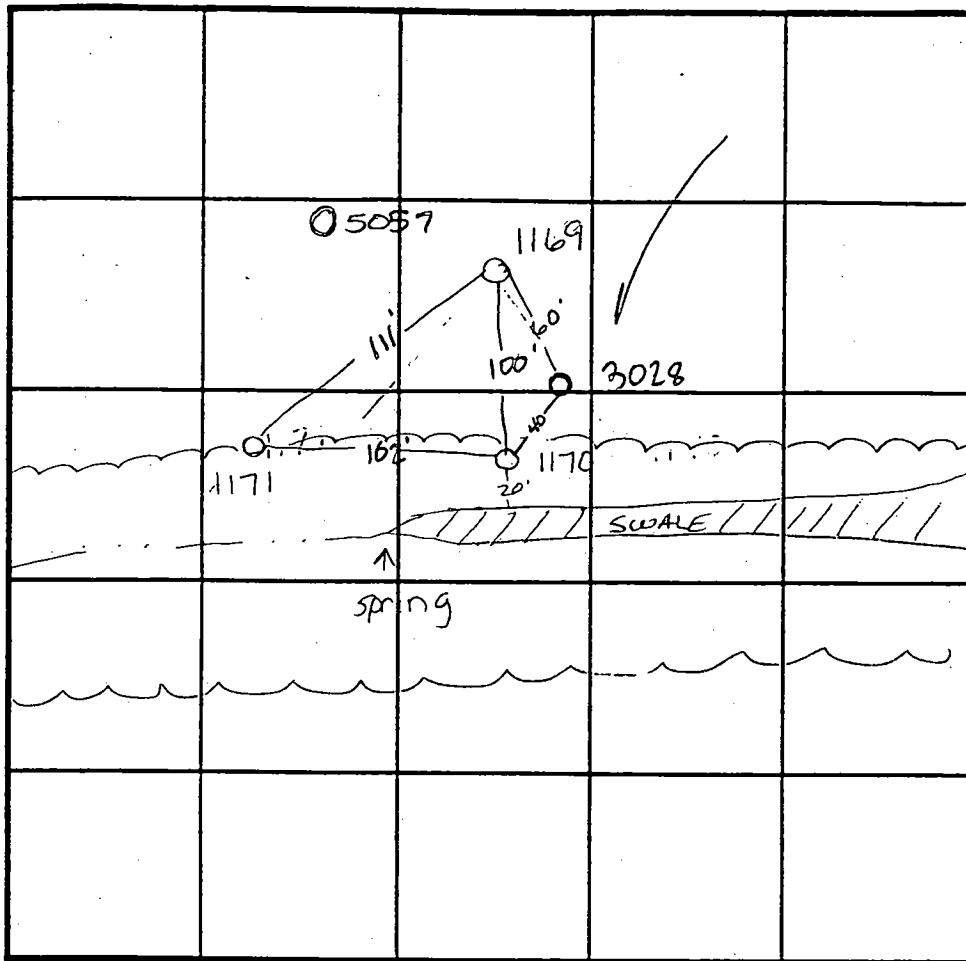
7' orange brn mottled white yellow Salm

SOIL PROFILE
3028 5058

0' lgt brown clay
3' lgt brn SaSi Loam micaceous 5% rock

5057

no distinct clay layer beige SiSalm pocket of white & yellow Salm



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-18-95	1169	2' V10'	9:51 ⁴⁵	9:53	9:53	9:54 ⁴⁵	1 3/4 min
	1170	3.5' V12'	9:56	9:57 ³⁰	9:57 ³⁰	9:59 ³⁰	2 min
	1171	2' V10'	10:04	10:05 ¹⁵	10:05 ¹⁵	10:07	1 3/4 min
11-8-95	3028	3' V12'	1:54	1:55	1:55	1:59	4 min
3-18-96	5057	3.0' V12'	12:19	12:22	12:22	12:26	4 min
	5058	Visual	to 12:00	- see profile	-	-	OK

REMARKS wet season

TYPE OF SOIL _____

TESTED BY Amy McMillen

ALSO PRESENT Tim Fraga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

Lot FAILED - NOW
PART OF
OPEN SPACE
4-29-96

DISTRICT _____

DATE 8/15/95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Fenger Family

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Marketing, Inc. c/o Tim Fenger

ADDRESS 3243 Bethany Lane Ellicott City 21042 PHONE 313-8808

PROPERTY LOCATION:

SUBDIVISION Fenger Property LOT NO. 20

ROAD AND DESCRIPTION Rt 194 + Folly Quarter Rd

TAX MAP 16 + 23 PARCEL # 34 + 63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Mark A. Reil
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

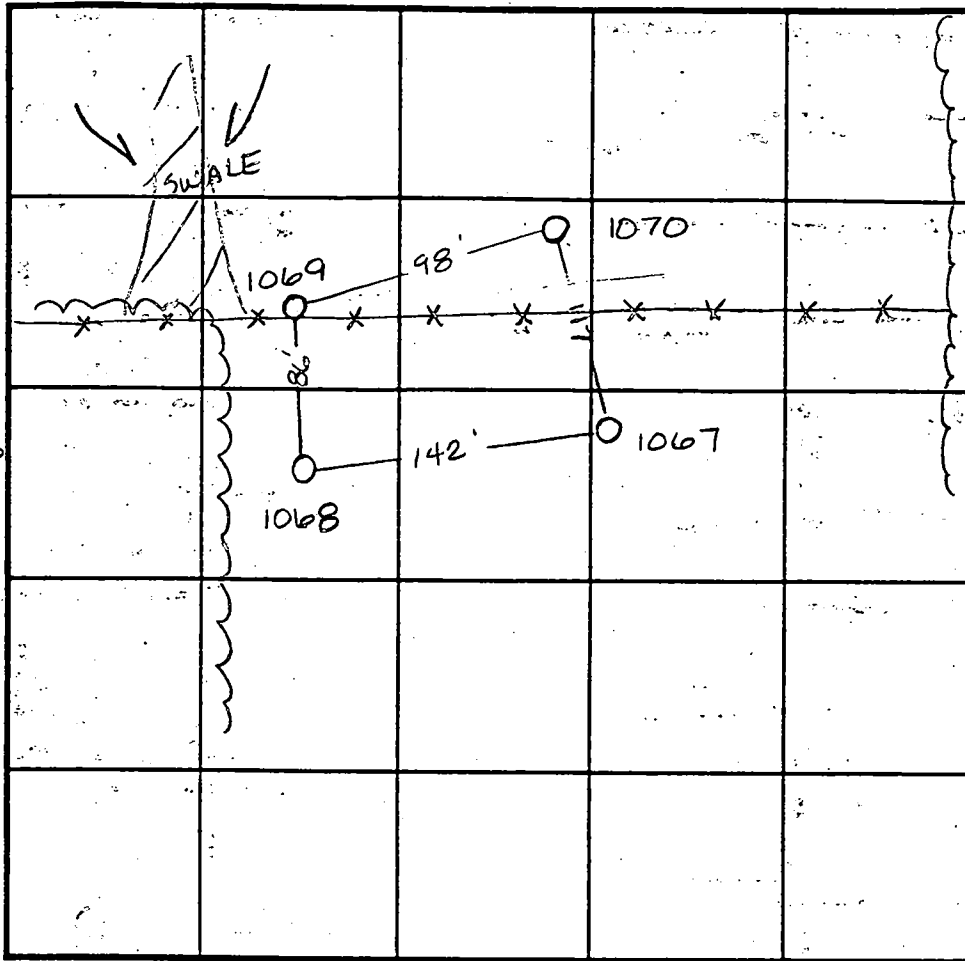
COUNTY #

SOIL PROFILE

0' 1070
grey
brn
salm
mic
10.5

2' 1gt
brn
salm
micaceous
50%
rock frags

8' dark blk
brn
salm
micaceous
standing
water



SOIL PROFILE

0' 1067
same
as
1068
but
water
at
6'

1069

mottled
grey
and
orange
clm

5 micaceous
6 salm
dark
brown

water
coming
in at
9.5

1068

clay
to
3 1/2'
water
coming
in at
8'
mottled
from
3 to 8'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-11-95	1070	2.5 V10.5	3.15	3.15 ³⁰	3.15 ³⁰	3.16	30 sec
9-18-95	1069	Visual to 12'	see profile		---		F
9-27-95	1068	Visual to 8'	- see profile		---		F
	1067	Visual to 6'	- see profile		---		F

REMARKS wet season - FALL

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Mark Reich

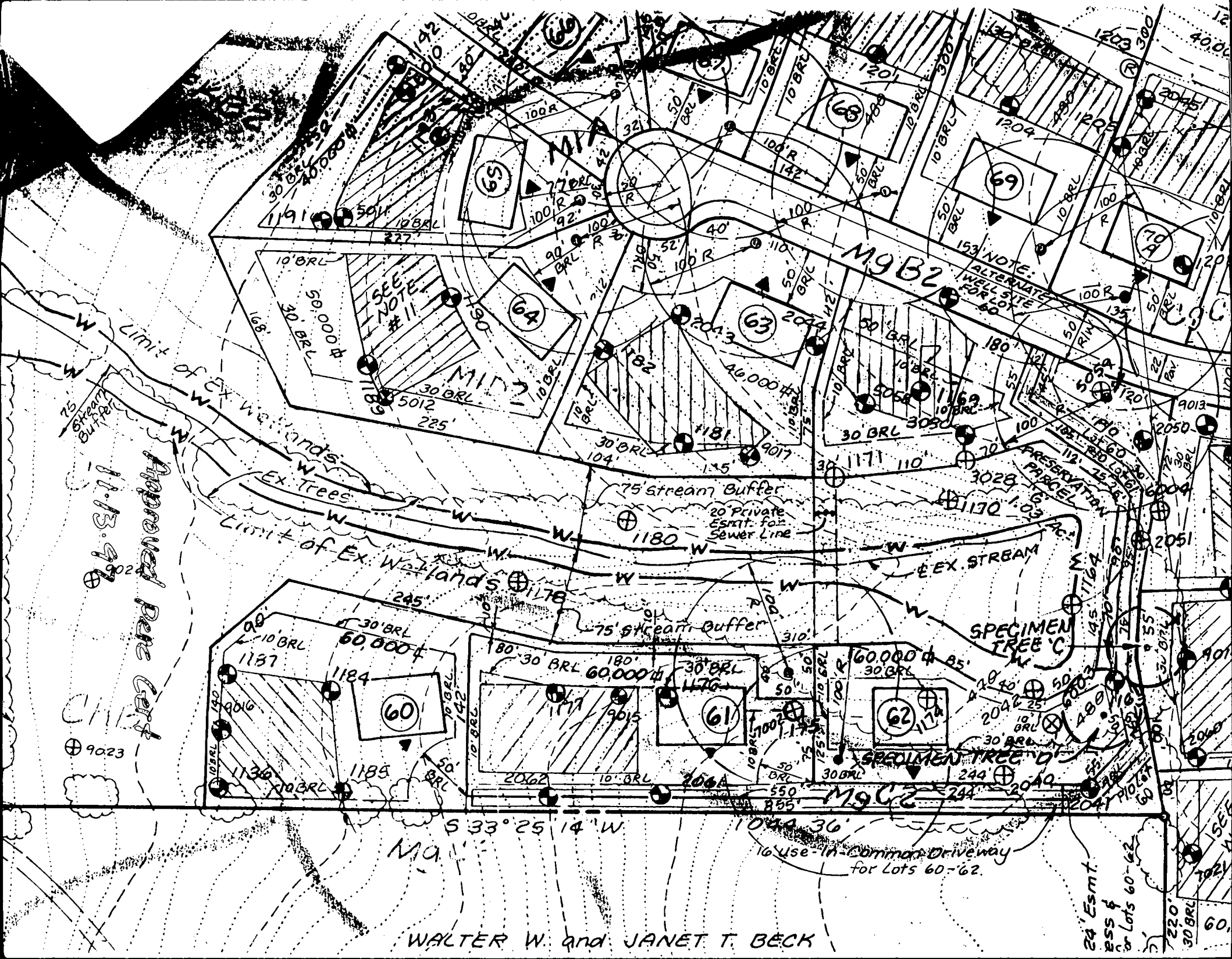
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM



M9B2

M9C2

M9A

WALTER W. and JANET T. BECK

NOTE:
ALTERNATE
WELL SITE
FOR LOT
60

SPECIMEN
TREE 'C'

SPECIMEN
TREE 'D'

Approved Parc Gift

11-13-97

SEE
NOTE
#11

20 Private
Esmt. for
Sewer Line

16 Use-In-Common Driveway
for Lots 60-62.

24 Esmt.
for Lots 60-62

W. Limit of Ex. Wetlands
Ex. Trees
W. Limit of Ex. Wetlands

75' Stream Buffer

75' Stream Buffer

75' Stream Buffer

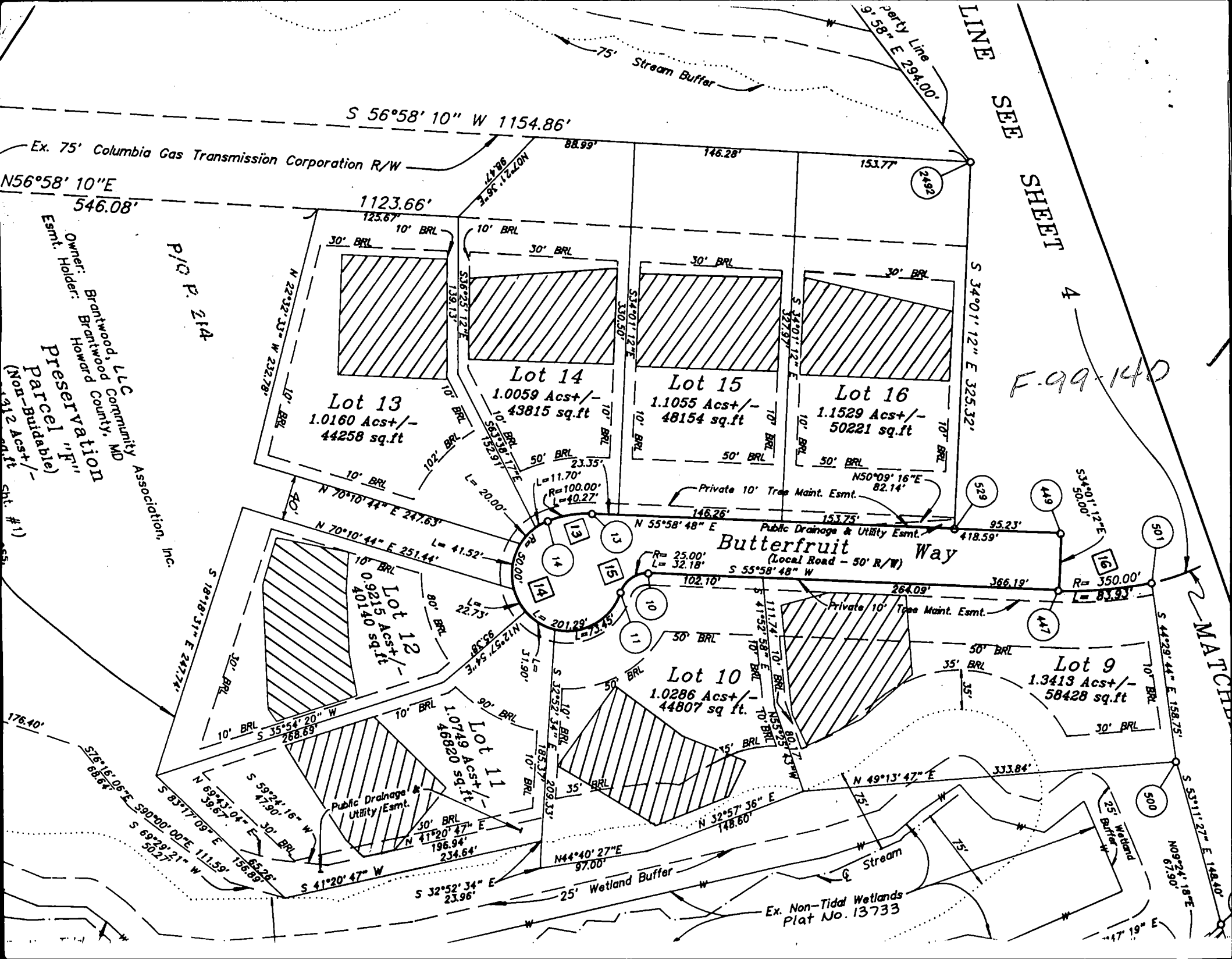
9023

220'
30 BRL

60'

LINE SEE SHEET 4

F.99-140



S 56°58' 10" W 1154.86'

Ex. 75' Columbia Gas Transmission Corporation R/W

N56°58' 10"E
546.08'

P/O P. 214
Owner: Brantwood, LLC
Esm't. Holder: Brantwood Community Association, Inc.
Howard County, MD

Preservation
Parcel "F"
(Non-Buildable)
1.312 Acst+/-
Spt. #1)

Lot 13
1.0160 Acst+/-
44258 sq.ft

Lot 14
1.0059 Acst+/-
43815 sq.ft

Lot 15
1.1055 Acst+/-
48154 sq.ft

Lot 16
1.1529 Acst+/-
50221 sq.ft

Lot 12
0.9215 Acst+/-
40140 sq.ft

Lot 10
1.0286 Acst+/-
44807 sq.ft

Lot 9
1.3413 Acst+/-
58428 sq.ft

Butterfruit Way
(Local Road - 50' R/W)

Ex. Non-Tidal Wetlands
Plat No. 13733

MATCH

C 1 1929 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A512694 I

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 12 1 99 Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2393

OWNER Brantwood LLC STREET OR RFD Butterfruit Way TOWN ELICOTT CITY MD SUBDIVISION Brantwood SECTION II LOT 9

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for BROWN SHALE and BLUE SLATE.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 16, NO. OF POUNDS 1504. GALLONS OF WATER 84. DEPTH OF GROUT SEAL 59 ft.

CASING RECORD. MAIN CASING TYPE: ST (STEEL). Nominal diameter: 6 inch. Total depth: 60 feet.

OTHER CASING (if used) diameter and depth.

SCREEN RECORD. screen type or open hole: ST (STEEL). insert appropriate code below.

PUMPING TEST. HOURS PUMPED 3. PUMPING RATE 10.0 gal. per min. METHOD USED TO MEASURE PUMPING RATE: TIME. WATER LEVEL: BEFORE PUMPING 42 ft., WHEN PUMPING 105 ft. TYPE OF PUMP USED: S (submersible).

PUMP INSTALLED. DRILLER INSTALLED PUMP (CIRCLE) YES (NO). IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31-35. PUMP HORSE POWER 37-41. PUMP COLUMN LENGTH (nearest ft.) 43-47. CASING HEIGHT (circle appropriate box and enter casing height) + above, - below. LAND SURFACE 1 (nearest foot).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: Y (yes), N (no).

CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), E (ELECTRIC LOG OBTAINED), P (TEST WELL CONVERTED TO PRODUCTION WELL).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

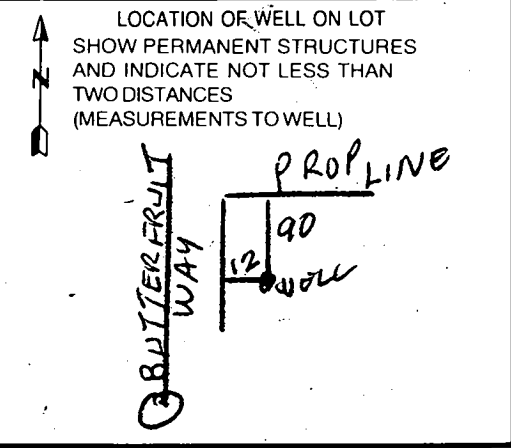
DRILLERS LIC. NO. 1 MWD 139 Robert Clome. LIC. NO. 1 MWD 140 Gary Harley.

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) Table with columns 1-21 and 23-36. Includes slot size and diameter of screen information.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q. TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 09838

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2393 fill in this form completely

Date Received (APA) 07 24 99

OWNER INFORMATION

Brantwood, L.L.C. 8835 P - Columbia 100 Parkway Columbia, MD 21045

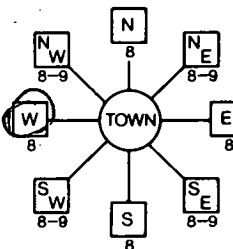
LOCATION OF WELL

Howard Brantwood Area 1 Pine Orchard MILES FROM TOWN 2

DRILLER INFORMATION

Robert L. Cline M WD 139 Cline & Duvall, Inc. 8093 Hillmark Ct., Frederick, MD 21704

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Butterfruit Way

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 25 ENTER FT OR MI 16 & TAX MAP: 23 BLK: PARCEL P/O 214

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 300

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co A512694 I COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 090299 AM M. M. 9/2/00

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCUSsion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTARY DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

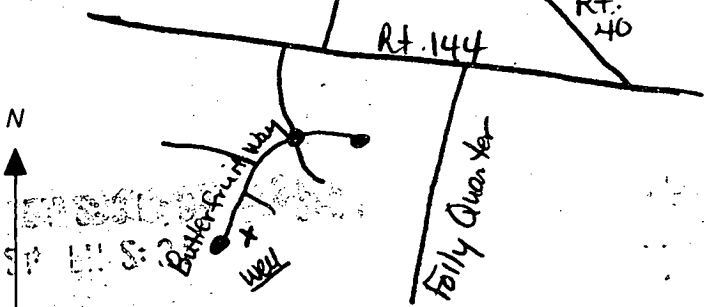
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 N 520

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

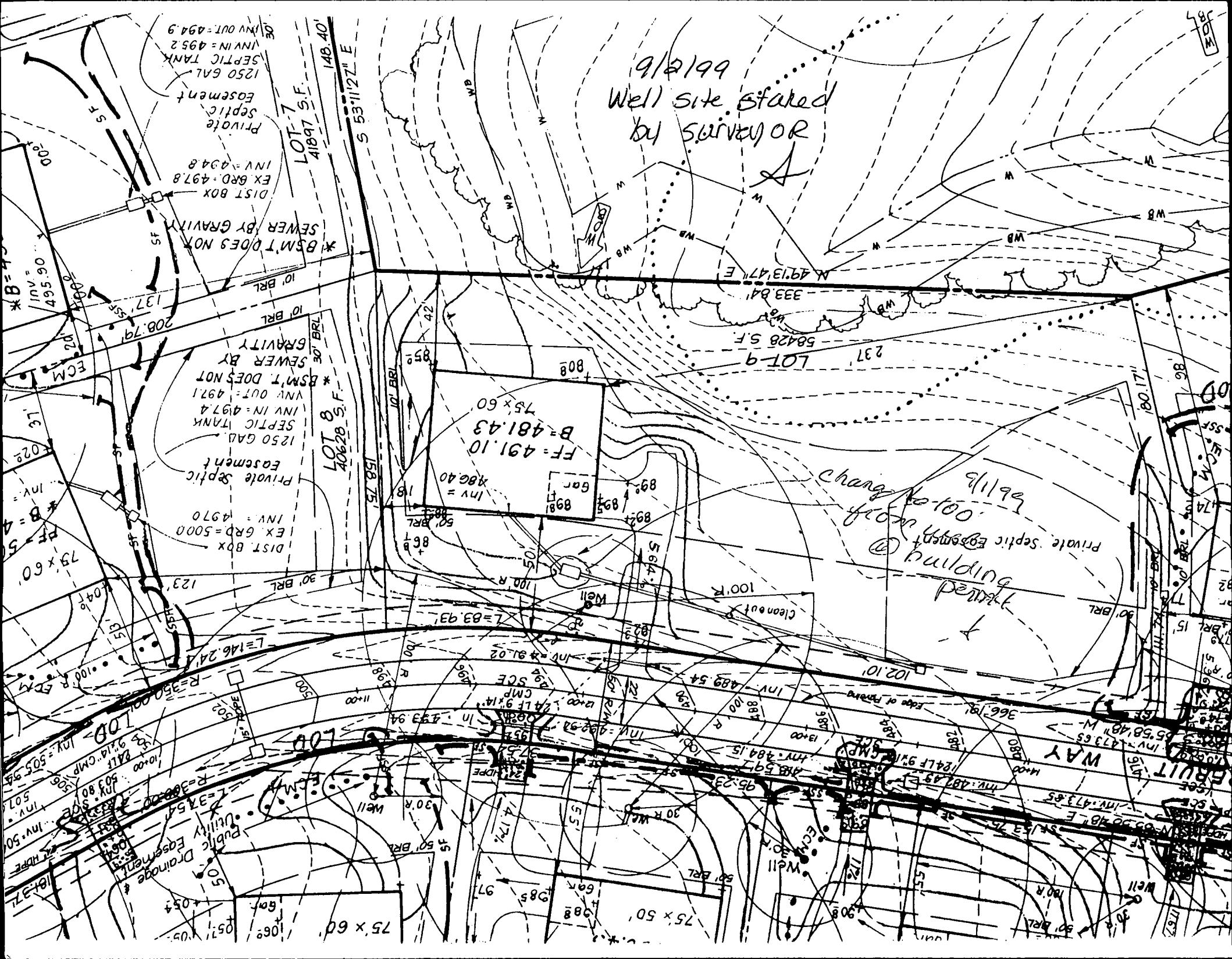
APPROP. PERMIT NUMBER 54 G A P PERMIT No. HO-94-2393

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Well site started
by surveyor

changed
work from
Private Septic Easement
to Pumping @
filled building



Radiol

3

Private 24'
Access Esmt.

8

7

4

18

17

9

Surveyed
well
site
after drilling

15

16

6

